

Adult Day Health Care Transportation

Definition: Adult Day Health Care Transportation: This service is prior-authorized for participants receiving the Adult Day Health Care (ADHC) service, who reside within fifteen (15) miles of the ADHC center. Transportation will be provided using the most direct route, door to door, from the center to the participant's place of residence or other location, as agreed to by the provider and as indicated on the service authorization.

Providers: Centers/agencies enrolled with SCDHHS to provide Adult Day Health Care Services under the MR/RD Waiver.

Arranging for the Service: Once you have determined the participant lives within 15 miles of the Adult Day Health Care Center and is in need of transportation you must update the recipient's plan to include the need for the service and update the MR/RD Waiver budget requesting Adult Day Health Care Transportation Services (S95) and receive approval. Once approved, you may authorize the service.

For recipients receiving MR/RD Waiver funded Residential Habilitation, Adult Day Health Care transportation services are authorized using the **MR/RD Form A-38** which instructs the provider to bill the DSN Board for services rendered. The **MR/RD Form A-37** must be used **for all other recipients**. The **MR/RD Form A-37** instructs the provider to bill the South Carolina Department of Health and Human Services for services rendered.

The provider will be required to report any changes in the participant's status that affect the Adult Day Health Care Transportation Service, for example; if the participant moves and no longer resides within 15 miles of the center or family member transports. If these types of changes occur Adult Day Health Care Transportation will no longer be reimbursable.

The **MR/RD Form A-37 or A-38** will remain in effect until a new form changing the authorization is provided to the Adult Day Health Care Center or until services are terminated.

Monitoring the Services: You must monitor the effectiveness, frequency, duration, benefits, and usefulness of the service along with the recipient's/family's satisfaction with the service. The following criteria should be followed when monitoring Adult Day Health Care Transportation Services:

- Must complete monitorship during the first month
- At least once during the second month of service
- At least quarterly thereafter

This service may be monitored during a contact with the individual/family or service provider. It may also occur during review of written documentation at the Adult Day Care Center or during an on-sight visit. Some items to consider during monitorship include:

- Is the individual satisfied with the Adult Day Health Care Transportation?
- What type of vehicle is used to transport the individual (enclosed vehicle with adequate ventilation, heat, air conditioning and provision for wheelchair bound participants)?
- Is the Adult day Health Care Transportation meeting the consumer needs?
- How often does the consumer receive Adult Day Health Care Transportation?

Reduction, Suspension, or Termination of Services: If services are to be reduced, suspended, or terminated, a written notice must be forwarded to the consumer or his/her legal guardian including the details regarding the change(s) in service, allowance for appeal, and a ten (10) calendar day waiting period before proceeding with the reduction, suspension, or termination of the waiver service(s). The general termination form that has been used in the past for all waiver services is no longer used. See *Chapter 9* for specific details and procedures regarding written notification and the appeals process.

AUTHORIZATION FOR SERVICES
TO BE BILLED TO SOUTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN
SERVICES

Recipient's Name	/	Date of Birth
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Medicaid # / / / / / / / / /

MR/RD Form A-37 (2/08)

**S. C. DEPARTMENT OF DISABILITIES AND SPECIAL NEEDS
MR/RD WAIVER**

**AUTHORIZATION FOR SERVICES
TO BE BILLED TO DSN BOARD**

TO: _____

RE: _____

Recipient's Name

/

Date of Birth

Address

Medicaid # / / / / / / / / / / /

You are hereby authorized to provide the following service(s) to the person named above. Only the number of units rendered may be billed. Please note: This nullifies any previous authorization to this provider for this service(s).

_____ **Adult Day Health Care Transportation Services**

Number of units/week: _____ (one unit=one day of ADHC Transportation)

Location of Pick up/ drop off: _____ (participant's home, other location)

Start Date: _____

REMIT BILL TO (Please print):

Signature of Person Authorizing Services

Date

MEDICAID HOME AND COMMUNITY-BASED WAIVER SCOPE OF SERVICES
FOR
ADULT DAY HEALTH CARE TRANSPORTATION

- A. Adult Day Health Care (ADHC) Transportation service is available to participants authorized for the Adult Day Health Care (ADHC) service through a Medicaid home and community-based waiver who reside within fifteen (15) miles of the center. This service will be provided using the most direct route, door to door, from the center to the participant's place of residence or other location as agreed to by the provider and as indicated on the service authorization. The service must be prior authorized by the Medicaid home and community-based waiver case manager/service coordinator.
- B. ADHC Transportation service must be provided in an enclosed vehicle with adequate ventilation, heat, air conditioning, and provision for wheelchair bound participants as needed.

Providers who are directly providing transportation to participants will provide assistance to the participant from the door of the participant's residence to the vehicle and from the vehicle to the door of the participant's residence or other location as agreed to by the provider and as indicated on the service authorization.
- C. Authorization for ADHC Transportation will be separate from the ADHC authorization.
- D. Services provided prior to the Medicaid authorization date are not reimbursable.
- E. The Provider will be required to complete a Mode of Transportation form indicating the number of miles the participant lives from the center. If it is determined that the participant is within fifteen (15) miles of the center, the provider will be required to notify the case manager that an authorization is needed for ADHC transportation.
 - 4. The provider will be required to maintain verification of the mileage to a participant's home in the participant's record, such as a mapquest map which states the mileage.
 - 5. The provider will be required to report any changes in the participants status that affect day care transportation (eg. Participant moves and no longer resides within 15 miles of the center; family member transports participant to and from the center, etc.) to the case manager/service coordinator immediately. If these types of changes occur, ADHC transportation will no longer be reimbursable.
 - 6. Drivers employed by the ADHC who transport home and community-based waiver participants must have a valid drivers license and be certified in first aid.
- F. The ADHC transportation service provider must maintain a participant record containing documentation which supports services provided and billed.
- G. Providers of ADHC transportation service will participate in the Care Call monitoring and payment system.

Effective 3-01-08